

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4649</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JOHN</u> <u>TRETER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>451 WEST 9th ST</u> City <u>ERIE</u> State <u>PA</u> ZIP Code + 4 <u>16502-1346</u>	4. Name, file number, and address of labor organization. Name <u>LABORERS LOCAL 603</u> Labor Organization File Number <u>0435N</u> P.O. Box, Building and Room Number, if any _____ Street <u>1701 STATE ST</u> City <u>ERIE</u> State <u>PA</u> ZIP Code + 4 <u>16501-2214</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/13/05
Date

814-452-3556
Telephone Number

8. Name and address of Business (including trade name, if any).

Trade Name, if any: THE KEY MAN

P.O. Box, Bldg., Room No., if any

Street 445 WEST 8th ST.

City ERIE

State PA ZIP Code + 4 16502-133

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

Name _____

Trade Name, if any: [REDACTED]

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

NAD LOCKS CHANGED ON OFFICE
DOORS AFTER CHANGE OF
UNION OFFICERS

\$59.29

Spouse is PART OWNER
OF BUSINESS

Name _____

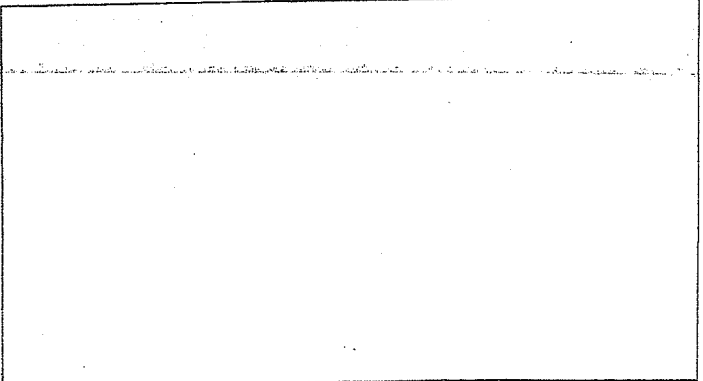
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street _____

City _____

State ZIP Code + 4



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8. Name and address of Business (including trade name, if any).

Name HIGHMARK BLUE CROSS BLUE SHIELD

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any

Street 717 STATE ST.

City ERIE

State PA ZIP Code + 4 16501-1341

☐ a. Labor Organization

☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LABORERS COMBINED FUNDS OF WESTERN PA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1109 FIFTH AVE.

City PITTSBURGH

State PA ZIP Code + 4 15219-

5 TICKETS FOR HOCKEY GAME
SPONSORED BY HIGH MARK

11.b. Approximate dollar value of such dealing.

~~\$~~ 55.00

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name _____

Trade Name, if any:

P.O. Box, Bldg., Room No., if any _____

Street _____

City

State ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.